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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/736,620
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		First Named Inventor	Woong Kwon KIM et al.
		Art Unit	1752
		Examiner Name	Richard L. Schilling
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ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Revocation of Power of Attorney Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Amendment Transmittal <input checked="" type="checkbox"/> Declaration <input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b) <input checked="" type="checkbox"/> No Fee Required <input checked="" type="checkbox"/> Return Postcard	
<table border="1"><tr><td>Remarks</td></tr></table>			Remarks
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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